



ecology and environment, inc.

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International Specialists in the Environmental Sciences

GEN-IL-02-17

D.2
8/11/80

DATE: August 11, 1980
TO: File
FROM: Rene Van Someren
SUBJECT: Illinois/Eckhart Report
Lemont/Union Oil 21



A Preliminary Assessment Form (USEPA Form T2070-2) has been completed for the subject site. This site was listed on the Illinois-Eckhart Report and has been researched pursuant to TDD# F5-8005-3.

In reviewing the Preliminary Assessment form and general background information, the following steps are recommended:

1. Obtain copies of IEPA analysis results.
2. IEPA to maintain inspection follow up & up-date USEPA as to findings.

ct

1. COST CENTER EP-985-4	TECHNICAL DIRECTION DOCUMENT (TDD) UNCONTROLLED HAZARDOUS WASTE SITE PROJECT ecology and environment, inc.			2. No. _____
3. Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	4. Authorized Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	5. EPA Site Identification Number _____	6. Completion Date: _____	7. Reference Info: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Pick Up
8. General Task Description: <u>CONDUCT OFF-SITE RECON AND COMPLETE PRELIMINARY ASSESSMENT OF UNION OIL AT LEMONT</u>				
9. Specific Elements: <u>1) CONDUCT OFF-SITE RECONNAISSANCE</u> <u>2) COMPLETE PRELIMINARY ASSESSMENT</u>			10. Interim Deadlines 	
11. Desired Report Form: Formal Report <input type="checkbox"/> Letter Report <input type="checkbox"/> Formal Briefing <input type="checkbox"/> Other (Specify): _____				
12. COMMENTS: 				
13. Authorizing DPO: <div style="text-align: center;">(Signature)</div>			14. Date: 	
15. Received By: <input type="checkbox"/> Accepted <input type="checkbox"/> Accepted with exceptions <input type="checkbox"/> Rejected <div style="text-align: center;">(FITL Signature)</div>			16. Date: 	

Exceptions Comments From (15)

Sheet 1 White — FITL Copy
 Sheet 2 Canary — DPO Copy
 Sheet 3 Pink — Contracting Officer's Copy (Washington, D. C.)
 Sheet 4 Goldenrod — Project Officer's Copy (Washington, D. C.)
 ☐ Photocopy to E & E NPM (Washington, D. C.)



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION V SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <u>Illinois-Lemont/Union Oil</u>		B. STREET (or other identifier) <u>Maley Rd.</u>	
C. CITY <u>Lemont</u>	D. STATE <u>IL</u>	E. ZIP CODE <u>60439</u>	F. COUNTY NAME <u>Cook</u>
G. OWNER/OPERATOR (if known) 1. NAME <u>Union Oil</u>		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION <u>Located near Smith Rd and 135th St Lemont Ill</u>			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <u>Eckhart report</u>			K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME <u>Ken Bechely</u> <u>Illinois EPA Northern Region</u>			2. TELEPHONE NUMBER <u>312-897-1132</u>

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <u>TEPA</u> <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <u>TEPA</u> <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME <u>Mike McCarrin</u>	2. TELEPHONE NUMBER <u>312-663-9415</u>	3. DATE (mo., day, & yr.) <u>6-30-80</u>

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) <u>3-5 Acres</u>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., min., sec.) 2. LONGITUDE (deg., min., sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <u>Sheds & Plant</u>	

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X' A. TRANSPORTER	X' B. STORER	X' C. TREATER	X' D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	X 2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Silt from surface drainage basin.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):*Could contain organics*

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

For other waste streams at DEPA Offices

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			X' (11) OTHER (specify):		
			<i>Organics</i>		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

silt from surface drainage ditches

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

NONE

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			<i>silt from drainage basin would be contaminating soils if silt contains organics as suspected</i>
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): NONE
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): Unknown

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
	AUG-1, 1990	DEPA	Collect Samples
Inspector	AUG-6, 1980	DEPA	Collect Samples of Silt

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
			await results of
			organic analysis

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Background Information Review

Illinois - TDD# F5-8005-3
Lemont/Union Oil

1. Unknown
2.
 - a. Unknown
 - b. Unknown
 - c. Unknown
 - d. See attached
 - e. None taken. ASCS-SCS will be reviewed and copied if needed.
County has 1" = 200' and 1" = 100' scale air photos available.
3.
 - a. Not known
 - b. Unknown
 - c. Acid solutions and organics
4.
 - a. Unknown
 - b. Unknown
 - c. Unknown
 - d. Unknown
5. No information is available at this time. Data still coming in.
Evaluation will be made in the near future.
6. No data available. Site visit should be scheduled.
7.
 - a. min - 1.6" (Feb); max - 4.07" (June); ave. yearly - 33.18
 - b. Not available at this time.
 - c. Not available at this time.
 - d. 11.06 - 16.59 inches/year.
 - e. Prevailing westerly wind at 10.3 mph
 - f.

Rel. humidity	Temperature
(Quarter-daily for year ave.)	Low - 26°F (Jan)
Midnight - 70	High - 75.6°F (July)
6 am - 75	Ave. - 50.8°F
Noon - 58	
6 pm - 60	
8.
 - a. None known of
 - b. None known of
 - c. None known of
 - d.
 - e. None
9.
 - a. None
 - b. None
 - c. Unknown
 - d. None

10.

Recommended Action

1. Conduct off-site reconnaissance.
2. Complete Preliminary Assessment.

cc